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| Case Number: | CM15-0136272 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 02/10/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 40-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 10, 2014. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for a one-year gym membership. The claims administrator referenced an RFA form dated June 12, 2015 in its determination, along with an associated progress note of June 4, 2015. The applicant's attorney subsequently appealed. The applicant was given a shoulder corticosteroid injection on September 15, 2014 and placed off work, on total temporary disability. The applicant was using Motrin, Zocor, Zyrtec, and Cialis, it was reported on that date. In a subsequent note dated June 4, 2015, the applicant reported shoulder pain some seven and half months removed from the date of earlier shoulder surgery. The applicant exhibited well-preserved flexion and abduction to 160 degrees with 5/5 shoulder strength. The applicant was returned to regular duty work. The applicant was asked to try to increase grip strengthening. A gym membership was endorsed. The attending provider did not state precisely what equipment he intended for the applicant to employ via the proposed gym membership, however.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gym membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 05/04/15) - Online Version, Gym memberships.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Gym memberships.

Decision rationale: No, the request for a gym membership was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which include adhering to and maintaining exercise regimens. Thus, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. ODG's Shoulder Chapter Gym Memberships topic notes that gym memberships are not recommended as a medical prescription unless a home exercise program has proven ineffective and there is a need for specialized equipment. Here, however, the applicant had already returned to regular duty work as of the date of the request, June 4, 2015. The applicant was described as exhibiting well-preserved shoulder range of motion and shoulder strength on that date. The treating provider did not set a clear need for specialized equipment forth. It was not stated precisely what (if any) specialized equipment the applicant needed access to. Therefore, the request was not medically necessary.